Clerk of Circuit Court

Third Judicial Circuit, Madison County Illinois

APPLICATION FOR WAIVER OF COURT FEES (CIVIL) IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY Madisan County Where You Are Filing the Case 2024MR000124 Enter the case information as it appears on your other court documents. PLAINTIFF/PETITIONER OR IN RE $\,\,\mathcal{W}\,\,$ Case Number Who Started the Case First, Middle, and Last Name or Business Name (Clerk fills in) DEFENDANT/RESPONDENT COXA OR Who the Case Was Filed Against First, Middle, and Last Name or Business Name



2.

Use this form to ask the judge to waive your court fees, costs, and charges in a civil court case. If your case is a criminal case, use the Application for Waiver of Criminal Court Assessments form.

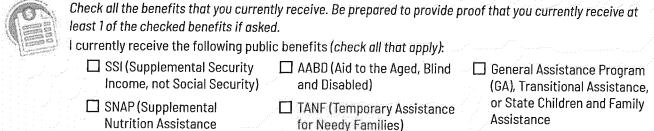
If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.

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DASIC INFUKUAI	IUN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
A. I am completing th	is form (check one):			
☑ For myself		or incompetent adult		
	(Use the minor or inc	ompetent adult's informati	on on this for	m)/
B. Your Name (applica	ant): William	KAY		Rogers
	First	Middle		Last Name
C. Address: <u>268</u>	South Sth	West River	12	62095
	Street, Apt. #	City	State	Zip Code
D. I cannot afford to p	oay the court fees, costs, and	d charges in this case.		
HOUSEHOLD INFO	DRMATION			
	ple who live with you whom y			ely on you
financially. If on behalf	of a minor or an incompeten	t adult, use their informati	on.	
A. I support	adults (not	counting myself) who live	with me.	and the same of
B. I support# of CI	0 hildren Under 18	der 18 who live with me.		
PUBLIC BENEFITS	8			

3.

Program/ Food Stamps)



This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts. Forms are free at ilcourts info/torms. WA-P 603.7

Date: February 16, 2024 BNC#: 24K0732C90738 REF: A

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2023, the full monthly Social Security benefit before any deductions is \$1,506.40.

We deduct \$174.70 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,331.00. (We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

Information About Past Social Security Benefits

From December 2022 to November 2023, the full monthly Social Security benefit before any deductions was \$1,459.70.

We deducted \$164.90 for medical insurance premiums each month.

The regular monthly Social Security payment was \$1,294.00. (We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning August 2021.

24K0732C90738 Page 2 of 2

You are entitled to medical insurance under Medicare beginning August 2021.

Your Medicare number is 9C67MM2FR48. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is August 27, 1956.

Suspect Social Security Fraud?

Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.

2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.

3. You may also call your local office at 1-855-285-6006.

SOCIAL SECURITY ROOM 103 FEDERAL BLDG 501 BELLE ST ALTON IL 62002

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration

ge 4 01 28 Page 1D #14
Case Number
/
r a full fee waiver <u>(735 ILCS 5/5-</u>
n 6.
the past month and the past 12 ings (including real estate), and
on 3:
ollowing income (money) in nths. List the gross (before check all that apply):



☐ I checked one of the pu	blic benefit boxes in section 6 or	on 3. n page 4. You qualify for a full fee	e waiver <u>(735 ILCS 5/5</u> -
☐ I did not check any of the Complete section 4 a	e public benefit boxes in a		
FINANCIAL INFORMATION Do not fill out this section if		section 3. Skip to section 6.	
If you did not check any box months. Be prepared to prov your expenses if asked.	es in section 3, fill out infor ide proof of your income, t	rmation below for both the past n the value of your belongings (incl	nonth and the past 12 uding real estate), and
A. I have a pending applica	tion for 1 or more of the	benefits listed in section 3:	
·	No		
B. I received the following i the past month . List the amount (check all that ap	gross (before taxes)	C. I received the following in the past 12 months . List taxes) amount (check all	the gross (before
MONTHLY INCOME: Type	Total received in the past month	YEARLY INCOME: Type	Total received in the past 12 months
☐ No income		☐ No income	
☐ My employment	\$	☐ My employment	\$
Social Security (not SSI)	\$ 1506	☐ Social Security (not SSI)	\$ 19,000
☐ Child Support	\$	☐ Child Support	\$ 19, aut
☐ Unemployment	\$	☐ Unemployment	\$
☐ Pension	\$	☐ Pension	\$
☐ Money from other household members	\$	☐ Money from other household members	\$ <u></u>
Other income, including a from family and friends the above (list type and amoun	nat is not listed	Other income, including a from family and friends the above (list type and amou	hat is not listed
	\$		\$
	\$		\$
The of the second secon	\$	Section 2012	\$
otal of all money eceived in the past month	\$ 1506	Total of all money received in the past 12 months	\$ 18 000

D. I have the following monthly expenses (check all that apply. If you share expenses with someone, list only the amount you pay):	E. I own the following items (check all that apply):	and their value is
MONTHLY EXPENSES:	ITEMS OF VALUE:	
Type of expense Amount per month	<u>Item</u>	Total value
☐ Rent \$	☐ Bank accounts and cash	\$ 200 offer bills
☐ Home mortgage \$	☐ Home	\$
□ Other mortgage \$	The total I owe on my home mortgage is	
☐ Utilities Coble, Plane, internet, prov., water, estimate ☐ Food ☐ Medical S ☐ S ☐ Medical	\$ Other real estate (not including the house	\$
☐ Vehicle, including \$	Hive in)	
any loans	☐ 1st vehicle worth Is the 1st vehicle	\$_ <i>350</i> 0 X Yes \(\square\) No
☐ Childcare \$	paid off?	
☐ Child support \$	☐ 2nd vehicle worth	\$
Other monthly expenses not listed above (list type and amount)	Is the 2nd vehicle paid off?	☐ Yes ☐ No
······································	☐ Other (list items and valu	e)
\$		\$
\$		\$
Total of all expenses \$ 1,000		\$
in the past month	☐ None of the above	Z (
☐ None of the above		
HARDSHIP INFORMATION (Optional)		
If there is additional information you think the judg court fees, include that information here.	e should know about why you cannot o	offord to pay the
It would be a substantial hardship for me or my fa	mily if I have to pay the fees, costs, a	nd charges because:
I have only Sec Sec income that can be d		
e hours in a weeks when but colledin.	odPile va v aval. aloofae	(5)

5.

Case Number	

6. IF OUESTIONS ABOUT APPLICATION

If the judge has questions about my Application and I have to attend court, I want:

☐ A remote court date (video or telephone)

An in-person court date

SIGN:

Under 735 ILCS 5/1-109, your signature means that you:

1) certify that everything in this document is true and correct, and 2) understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Your Signature IslUllung

Print Your Name William Rogers

Word River 16 6264

City Stote Zip Code

Your Address Holl Sout Street, Apt. #

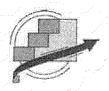
(1/24)

Your Phone Number 6/9/9/0-7/5/

__ Attorney Number (if any)__

Your Email Wrrogers Collect @ nahoo. Com

Be sure to check your email every day so you do not miss important information, court dates, or documents from other parties.



NEXT STEP:

File this form at the Circuit Court Clerk's office. You can file this form at any point during your case. More information on how to do that can be found here: ilcourts.info/forms.

THEN:

You should only have to go to court for a hearing on your Application if the judge needs more information from you (735 ILCS 5/5-105 and 5/5-105.5; Illinois Supreme Court Rule 298). The judge will notify you if you need to go to court or give more information. This may include documents showing your income, value of belongings (including real estate) and expenses.



Learn more about each step in the process by reading through our Instructions document: ilcourts.info/fee-waiver-instructions.

WAIVER OF COURT FEES (CIVIL IN THE STATE OF ILLINOIS, CIRCUIT COURT	
COUNTY MADISON County Where You Are Filing the Case	
Enter the case information as it appears on your other court documents.	2024MR000124
PLAINTIFF/PETITIONER OR IN RE Will Am RAY Regens Who Started the Case First, Middle, and Last Name or Business Name	Case Number (Clerk fills in)
DEFENDANT/RESPONDENT Rotana Church of the Novarale Who the Case Was Filed Against First, Middle, and Last Name or Business Name	
1,711,00	0
Your Name (applicant) Ull Am & LAy First Middle	Last Name
STOP. DO NOT check any boxes or fill in any more blanks on this form. The of the form. The Court has reviewed the Application for Waiver of Court Face and orders (check	
of the form. The Court has reviewed the Application for Waiver of Court Fees and orders (check	
of the form. The Court has reviewed the Application for Waiver of Court Fees and orders (check	1, 2, 3, or 4): te the Application was first
of the form. The Court has reviewed the Application for Waiver of Court Fees and orders (check 1. GRANTED - FULL WAIVER The Application for Waiver of Court Fees is granted, effective on the dafiled. The applicant qualifies for a full (100%) waiver and may participal payment of fees, costs, or charges, because (check A, B, or C):	1, 2, 3, or 4): te the Application was first ate in this case without
of the form. The Court has reviewed the Application for Waiver of Court Fees and orders (check 1. GRANTED - FULL WAIVER The Application for Waiver of Court Fees is granted, effective on the darefiled. The applicant qualifies for a full (100%) waiver and may participal payment of fees, costs, or charges, because (check A, B, or C): A. The applicant receives means-based public benefits under one or easily (Supplemental Security Income, not Social Security) AABD (Aid to the Aged, Blind and Disabled)	1, 2, 3, or 4): te the Application was first ate in this case without
The Court has reviewed the Application for Waiver of Court Fees and orders (check 1. GRANTED - FULL WAIVER The Application for Waiver of Court Fees is granted, effective on the darfiled. The applicant qualifies for a full (100%) waiver and may participal payment of fees, costs, or charges, because (check A, B, or C): A. The applicant receives means-based public benefits under one or example. SSI (Supplemental Security Income, not Social Security) AABD (Aid to the Aged, Blind and Disabled) TANF (Temporary Assistance to Needy Families) SNAP (Food Stamps)	1, 2, 3, or 4): te the Application was first ate in this case without more of the following programs
The Court has reviewed the Application for Waiver of Court Fees and orders (check 1. GRANTED - FULL WAIVER The Application for Waiver of Court Fees is granted, effective on the darefiled. The applicant qualifies for a full (100%) waiver and may participally payment of fees, costs, or charges, because (check A, B, or C): A. The applicant receives means-based public benefits under one or easily (Supplemental Security Income, not Social Security) AABD (Aid to the Aged, Blind and Disabled) TANF (Temporary Assistance to Needy Families) SNAP (Food Stamps) General Assistance (GA), Transitional Assistance, or State Children.	1, 2, 3, or 4): te the Application was first ate in this case without more of the following programs
The Court has reviewed the Application for Waiver of Court Fees and orders (check 1. GRANTED – FULL WAIVER The Application for Waiver of Court Fees is granted, effective on the dar filed. The applicant qualifies for a full (100%) waiver and may participal payment of fees, costs, or charges, because (check A, B, or C): A. The applicant receives means-based public benefits under one or easy of the supplemental Security Income, not Social Security) AABD (Aid to the Aged, Blind and Disabled) TANF (Temporary Assistance to Needy Families) SNAP (Food Stamps) General Assistance (GA), Transitional Assistance, or State Childred Tore DR -	1, 2, 3, or 4): te the Application was first ate in this case without more of the following programs en and Family Assistance rty level as established by the pt assets under 735 ILCS 5/12-6
The Court has reviewed the Application for Waiver of Court Fees and orders (check 1. GRANTED - FULL WAIVER The Application for Waiver of Court Fees is granted, effective on the darefiled. The applicant qualifies for a full (100%) waiver and may participe payment of fees, costs, or charges, because (check A, B, or C): A. The applicant receives means-based public benefits under one or each of the second security in the second security of the ABD (Aid to the Aged, Blind and Disabled) TANF (Temporary Assistance to Needy Families) SNAP (Food Stamps) General Assistance (GA), Transitional Assistance, or State Children OR —	1, 2, 3, or 4): te the Application was first ate in this case without more of the following programs en and Family Assistance rty level as established by the pt assets under 735 ILCS 5/12-6

2. GRANTE	D - PARTIAL WAIVER
	ation for Waiver of Court Fees is granted, effective on the date the Application was fir court finds (check one):
and cha	all fees, costs, and charges are waived. The applicant must pay 25 % of all fees, cost arges because the applicant's available income is more than 125% but not greater that f the current poverty level.
and cha	all fees, costs, and charges are waived. The applicant must pay 50 % of all fees, cos arges because the applicant's available income is more than 150% but not greater tha 10% waiver);
and cha	all fees, costs, and charges are waived. The applicant must pay 75% of all fees, cost arges because the applicant's available income is more than 175% but not greater tha 25% waiver);
Human Service	gs are based on the current poverty level as established by the U.S. Dept. of Health es, and the applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12 the applicant is unable to pay the fees, costs, or charges.
Payment (chec	ck one):
☐ The app	olicant must pay the fees, costs, and charges currently due by:
	Month, Day, Year pod cause shown, the applicant may make payments as follows (describe deferral, pent plan, or other reasonable terms):
American and a second a second and a second and a second and a second and a second	
3. CONTINU	JED – APPLICATION IS INCOMPLETE OR FACTUAL ISSUE
factual issue deficiencies accordance	determines that relevant sections of the Application are incomplete or there is a see regarding the applicant's entitlement to a waiver, the applicant must be notified of the sand given the opportunity to amend the Application and/or be given a remote hearing with Supreme Court Rule 45, unless the applicant requests an in-person hearing or with supreme courthouse on the date of the hearing.
already be p	
Relevant sec	ections of the <i>Application</i> are incomplete or there is a factual issue about the applica or a fee waiver on the face of the <i>Application</i> .
Relevant sec eligibility for	
Relevant sec eligibility for	or a fee waiver on the face of the Application.
Relevant sec eligibility for	or a fee waiver on the face of the Application.
Relevant sec eligibility for	or a fee waiver on the face of the Application.
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Relevant sec eligibility for The specific	or a fee waiver on the face of the Application.

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The Application for Waiver of Court	Fees is scheduled for court on (check all that apply):
Date: Month, Day, Year	Time:
☐ Remotely (video or telephone o	
By video conference at:v	lideo conference website
and the state of t	ation, meeting ID, password, etc.
By telephone at: Call-in nur	mber for telephone remote appearance
In person at:Courtroom Ad	ddress Courtroom Number
If remote and in-person options are	both checked, you may choose either option.
☐ C. Provide documents. These doc	uments will not be included in the public court file.
☐ Provide documents at the heari	ngzi ji
☐ Submit documents before the h	earing. Instructions about when and how to submit:
	<u> </u>
Required documents are:	
<u> </u>	
<u>S</u>	
/ <u>\$</u>	
s •. DENIED - DOES NOT QUALIF The Application for Waiver of Court I	FY Fees is denied. The applicant does not qualify for a fee waiver
s 4. DENIED – DOES NOT QUALIF	FY Fees is denied. The applicant does not qualify for a fee waiver
s •. DENIED - DOES NOT QUALIF The Application for Waiver of Court I	FY Fees is denied. The applicant does not qualify for a fee waiver
s • DENIED - DOES NOT QUALIF The Application for Waiver of Court I because (must state specific reasor	FY Fees is denied . The applicant does not qualify for a fee waiver in):
s • DENIED - DOES NOT QUALIF The Application for Waiver of Court I because (must state specific reasor	FY Fees is denied. The applicant does not qualify for a fee waiver
s A. DENIED - DOES NOT QUALIF The Application for Waiver of Court I because (must state specific reason The applicant must pay all the fees,	FY Fees is denied . The applicant does not qualify for a fee waiver in):
s • DENIED - DOES NOT QUALIF The Application for Waiver of Court I because (must state specific reasor	FY Fees is denied . The applicant does not qualify for a fee waiver in):
The Application for Waiver of Court I because (must state specific reason) The applicant must pay all the fees,	Fees is denied . The applicant does not qualify for a fee waiver in): , costs, and charges currently due by:
The Application for Waiver of Court I because (must state specific reasor The applicant must pay all the fees, Month Day, Year	Fees is denied. The applicant does not qualify for a fee waiver in): , costs, and charges currently due by: pires one year from the date of this order. The applicant may
The Application for Waiver of Court I because (must state specific reason The applicant must pay all the fees, Month Day, Year plication was granted, this order exply before or after the expiration date	Fees is denied . The applicant does not qualify for a fee waiver in): , costs, and charges currently due by:
A. DENIED - DOES NOT QUALIF The Application for Waiver of Court I because (must state specific reason The applicant must pay all the fees, Month Day, Year Application was granted, this order expely before or after the expiration date	Fees is denied. The applicant does not qualify for a fee waiver in): , costs, and charges currently due by: pires one year from the date of this order. The applicant may in the costs, and charges included in this waiver are: filing, ser
The Application for Waiver of Court I because (must state specific reason The applicant must pay all the fees, Month Day, Year Application was granted, this order exply before or after the expiration date	Fees is denied. The applicant does not qualify for a fee waiver in): , costs, and charges currently due by: pires one year from the date of this order. The applicant may in the costs, and charges included in this waiver are: filing, services.

WA-0 604.7

Case Number 2024MR000124
Date: 4/23/2024 1:54 PM
Thomas McRae
Clerk of Circuit Court
Third Judicial Circuit, Madison County Illinois

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT MADISON COUNTY, ILLINOIS

2024MR000124

William Rogers

VS.

Case No. 24-MR-

Roxana Church of the Nazarene

Comes now William Rogers, and states as follows:

- 1. Plaintiff William Rogers is a resident of Madison County, Illinois.
- 2. That Defendant Church of the Nazarene is an organization of Madison County, in which Plaintiff is and was a member.
- 3. That the bylaws of the Church set forth how to expel a member and for what reasons.
- 4. That Plaintiff, as a member of this organization, is an intended beneficiary of this written agreement.
- 5. That in violation of this written agreement, Defendant has purported to expel Plaintiff from attending meetings and otherwise appearing at and with said organization.
- 6. That Defendant breached the agreement in one or more of the following ways:
 - A. Sought to expel Plaintiff based on lawful political action that took place off premises by Plaintiff, and/or
 - B. Failed to allow Plaintiff to have a representative of his choice at the hearing to determine whether to expell Plaintiff, in violation of written bylaws, and/or
 - C. Failed to provide to Plaintiff a member to zealously argue for and represent Plaintiff at the hearing to determine whether to expel Plaintiff, in violation of these bylaws.
- 7. As a proximate cause of the foregoing, Plaintiff's rights of membership have

been violated, and that Plaintiffhas been purportedly barred from attending meetings.

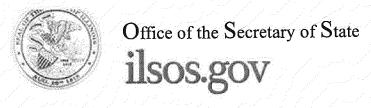
8. That Plaintiff is suffering irreparable harm as a result.

WHEREFORE, Plaintiff Humbly requests this Honorable Court enter an order declaring Defendant's purported expulsion of his VOID and WITHOUT lawful effect, and barring Defendant from instituting any proceedings against Plaintiff except in compliance with its own bylaws.

April 22, 2024

William Rogers 268 South 8th

Wood River, IL 62095 618/910-7151



Vehicle Show

Purchase your Vehicle Show special event license plate. Learn how!



Business Entity Search

ROXANA, IL 62084

Entity Information

Entity Name	ROXANA CHURCH OF THE NAZARENE				
File Number	56554351	Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	NOT-FOR-PROFIT		
Incorporation Date (Domestic)	10-01-1991	State	ÍLLINOIS		
Duration Date	PERPETUAL				
Annual Report Filing Date	11-02-2023	Annual Report Year	2023		
Agent Information	RODNEY DURR 500 N CENTRAL AVE	Agent Change	12-11-2019		

Date

Case 3:24-cv-01451-SPM Document 1-3 Filed 06/06/24 Page 13 of 28 Page ID #23

Services and More Information

Choose a tab below to view services available to this business and more information about this business.

Purchase Master Entity Certificate of Good Standing

Change of Registered Agent and/or Registered Office

Adopting Assumed Name

Case 3:24-cv-01451-SPM Document 1-3 Filed 06/06/24 Page 14 of 28 Page ID #24
This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.

Forms are free at ilcourts.info/forms.

STATE OF CIRCUIT	ニー・・・・・ プログロー 脚と アン・ス・ストメイン アプログラング しょんかいしょく	For Coun Use Only
Instructions ▼		
Enter above the county name where the case was filed.	Plaintiff / Petitioner (First middle, last name)	
Enter your name as Plaintiff/Petitioner.		2024MR000124
Below "Defendants/ Respondents," enter the	Defendants / Respondents (First, middle, last name) Rexana Church & Hu Naturence	
names of all people you are suing.		Case Number
Enter the Case Number	Alice Commence (Check this how if this is wat the 45	
given by the Circuit Clerk.	Alias Summons (Check this box if this is not the 1 st Summons issued for this Defendant.)	

IMPORTANT: You have been sued.

- Read all documents attached to this Summons.
- You MUST file an official document with the court within the time stated on this Summons called an *Appearance* and a document called an *Answer/Response*. If you do not file an *Appearance* and *Answer/Response* on time, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.
- All documents referred to in this Summons can be found at <u>ilcourts.info/forms</u>. Other documents may be available from your local Circuit Court Clerk's office or website.
- After you fill out the necessary documents, you need to electronically file (e-file) them with the court. To e-file, you must create an account with an e-filing service provider. For more information, go to ilcourts.info/efiling. If you cannot e-file, you can get an exemption that allows you to file in-person or by mail.
- You may be charged filing fees, but if you cannot pay them, you can file an Application for Waiver of Court Fees.
- It is possible that the court will allow you to attend the first court date in this case in-person or remotely by video or phone. Contact the Circuit Court Clerk's office or visit the Court's website to find out whether this is possible and, if so, how to do this.
- Need help? Call or text Illinois Court Help at 833-411-1121 or go to <u>ilcourthelp.gov</u> for information about going to court, including how to fill out and file documents. You can also get free legal information and legal referrals at <u>illinoislegalaid.org</u>. All documents referred to in this Summons can be found at <u>ilcourts.info/forms</u>. Other documents may be available from your local Circuit Court Clerk's office or website.
- ¿Necesita ayuda? Llame o envíe un mensaje de texto a Illinois Court Help al 833-411-1121, o visite <u>ilcourthelp.gov</u> para obtener información sobre los casos de la corte y cómo completar y presentar formularios.

Plaintiff/Petitioner:

Do not use this form in these types of cases:

- All criminal cases
- Eviction
- Small Claims
- Divorce

- Order of protection
- Paternity
- Stalking no contact orders
- Civil no contact orders
- Adult guardianship
- Detinue
- Foreclosure
- Administrative review cases

For eviction, small claims, divorce, and orders of protection, use the forms available at <u>ilcourts.info/forms</u>. If your case is a detinue, visit <u>illinoislegalaid.org</u> for help.

If you are suing more than 1 Defendant/Respondent, attach an Additional Defendant/Respondent Address and Service Information form for each additional Defendant/Respondent.

SU-S 1503.4 Page 1 of 5 (05/23)

SU-S 1503.4 Page 2 of 5

(05/23)

court date, check box

4b.

Case 3:24-cv-01451-SPM Document 1-3 Filed 06/06/24 Page 16 of 28 Page ID #26

		1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m					
In 4a, fill out the address of the court	b.	Attend court:		Z 4.600 Z 4		er en	
building where the		On:		at	[a.m. []	p.m. in	
Defendant may file or		Date		Time		Col	urtroom
e-file their		In-person at:					
Appearance and Answer/ Response.							
		Courthouse Add	lress	City		State	ZIP
In 4b, fill out: •The court date and		OR					
time the clerk gave		Remotely (You	u may be ab	ole to attend this co	urt date by phone	or video cor	iference.
you.		This is called a	ı "Remote A	ppearance"):			
•The courtroom and		By teleph					
address of the court			Call-	in number for telepho	one remote appeara	ance	
•The call-in or video		By video	conference:				
information for				Video conference	website	- Constitution - Cons	
remote appearances							
(if applicable).		Video com	ference log-ir	n information (meeting	g ID, password, etc.	.)	
•The clerk's phone number and website.							
All of this information		Call the Circuit	Clerk at:			or visit their v	vebsite
is available from the				Circuit Clerk's phone	number		
Circuit Clerk.		at:		Circuit Clerk's phone	number to find out mo	ore about how	to do this.
		at: Website		Circuit Clerk's phone		re about how	to do this.
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SU-S 1503.4 Page 3 of 5 (05/23)

Case 3:24-cv-01451-SPM Document 1-3 Filed 06/06/24 Page 17 of 28 Page ID #27 Enter the Case Number given by the Circuit Clerk:

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts. Forms are free at ilcourts.info/forms.

STATE OF	ILLINOIS.			For Court Use Only
CIRCUIT		PROOF OF SERVI		
		SUMMONS AN		
	COUNTÝ	COMPLAINT/PET	IIION	
Instructions				
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county name where the case was filed.	Plaintiff / Petit	Ay Roger (ioner (First, middle, last name)		
Enter your name as				
Plaintiff/Petitioner. Enter the names of all	v.			
people you are suing	n			
as Defendants/ Respondents.	Kokana Chi	orch of the Nazirne		024MR000124
	Defendant / Re	espondent (First, middle, last nam	ne)	02 11111 (000 12 1
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Circuit Clerk.	· —	ed for this Defendant.)		Case Number
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ORDER ON APPLICATION FOR **WAIVER OF COURT FEES (CIVIL)** CLERK OF CIRCUIT COURT #68 IN THE STATE OF ILLINOIS, CIRCUIT COURT THIRD JUDICIAL CIRCUIT MADISON COUNTY, ILLINIOR COUNTY M County Where You Are Filing the Case 2024MR000124 Enter the case information as it appears on your other court documents. PLAINTIFF/PETITIONER OR IN RE Will Am Case Number Who Started the Case First, Middle, and Last Name or Business Name (Clerk fills in) DEFENDANT/RESPONDENT / SOLO NA Who the Case Was Filed Against First, Middle, and Last Name or Business Name Your Name (applicant) STOP. DO NOT check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form. The Court has reviewed the Application for Waiver of Court Fees and orders (check 1, 2, 3, or 4):



GRANTED - FULL WAIVER

The Application for Waiver of Court Fees is granted, effective on the date the Application was first filed. The applicant qualifies for a full (100%) waiver and may participate in this case without payment of fees, costs, or charges, because (check A, B, or C):

- ☐ A. The applicant receives **means-based public benefits** under one or more of the following programs:
 - SSI (Supplemental Security Income, not Social Security)
 - AABD (Aid to the Aged, Blind and Disabled)
 - TANF (Temporary Assistance to Needy Families)
 - SNAP (Food Stamps)
 - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance

- OR -

☐ B. The applicant's personal income is 125% or less of the current poverty level as established by the U.S. Dept. of Health & Human Services and the applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 LCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges.

OR

C. Payments of fees, costs, and charges would cause substantial hardship for the applicant or their family.

2	. GRANTED – PARTIAL WAIVER
	The Application for Waiver of Court Fees is granted, effective on the date the Application was first filed. The court finds (check one):
	☐ 75% of all fees, costs, and charges are waived. The applicant must pay 25 % of all fees, costs, and charges because the applicant's available income is more than 125% but not greater than 150% of the current poverty level.
	□ 50% of all fees, costs, and charges are waived. The applicant must pay 50 % of all fees, costs, and charges because the applicant's available income is more than 150% but not greater than 175% (50% waiver);
	☐ 25% of all fees, costs, and charges are waived. The applicant must pay 75% of all fees, costs, and charges because the applicant's available income is more than 175% but not greater than 200% (25% waiver);
ΗL	come findings are based on the current poverty level as established by the U.S. Dept. of Health & man Services, and the applicant's non-exempt assets under <u>735 ILCS 5/12-901</u> and <u>735 ILCS 5/12-10</u> such that the applicant is unable to pay the fees, costs, or charges.
Pa	yment (check one):
	☐ The applicant must pay the fees, costs, and charges currently due by:
	Month, Day, Year Upon good cause shown, the applicant may make payments as follows (describe deferral, installment plan, or other reasonable terms):
] 3.	CONTINUED – APPLICATION IS INCOMPLETE OR FACTUAL ISSUE If the court determines that relevant sections of the Application are incomplete or there is a factual issue regarding the applicant's entitlement to a waiver, the applicant must be notified of the
	deficiencies and given the opportunity to amend the Application and/or be given a remote hearing in accordance with <u>Supreme Court Rule 45</u> , unless the applicant requests an in-person hearing or will already be present in the courthouse on the date of the hearing.
	Relevant sections of the <i>Application</i> are incomplete or there is a factual issue about the applicant's eligibility for a fee waiver on the face of the <i>Application</i> .
	The specific eligibility questions are:

Case Number

	The Application for Waiver of Court Fees is scheduled for court on (check all that apply):
	Date: Time: Include AM or PM
	Remotely (video or telephone option)
	By video conference at:
	Video conference website
	Video conference log-in information, meeting ID, password, etc.
	By telephone at:Call-in number for telephone remote appearance
	In person at:Courtroom Address Courtroom Number
	If remote and in-person options are both checked, you may choose either option.
L	C. Provide documents. These documents will not be included in the public court file.
	☐ Provide documents at the hearing.
	☐ Submit documents before the hearing. Instructions about when and how to submit:
	Required documents are:
	<u>S</u>
<u> </u>	. DENIED - DOES NOT QUALIFY
	The Application for Waiver of Court Fees is denied . The applicant does not qualify for a fee waiver because (must state specific reason):
	The applicant must pay all the fees, costs, and charges currently due by:
	Month Day, Year
\ 	
reapp	dication was granted, this order expires one year from the date of this order. The applicant may ly before or after the expiration date. Fees, costs, and charges included in this waiver are: filing, servicess, publication, mediation, guardian ad litem, and all other fees listed in 735 ILCS 5/5-105(a)(2)(1).
	A

Page 3 of 3

(1/24)

Case Number _____

Case 3:24-cv-01451-SPM Document 1-3 Filed 06/06/24 Page 22 of 28 Page ID #32

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.

Forms are free at licourts info/forms.

STATE OF CIRCUIT		For Court Use Only	
Instructions Enter above the county name where the case was filed.	Will fam Ray Real (Plaintiff / Petitloner (First) middle, last name)		
Enter your name as Plaintiff/Petitioner. Below "Defendants/ Respondents," enter the	V. Defendants / Respondents (First, middle, last name) Raxana Church & Llu Nauresc	2024MR000124	
names of all people you are suing. Enter the Case Number given by the Circuit	☐ Alias Summons (Check this box if this is not the 1st	Case Númber	
Clerk.	Summons issued for this Defendent.)		

IMPORTANT: You have been sued.

- Read all documents attached to this Summons.
- You MUST file an official document with the court within the time stated on this Summons called an Appearance and a document called an Answer/Response. If you do not file an Appearance and Answer/Response on time, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.
- All documents referred to in this Summons can be found at <u>ilcourts.info/forms</u>. Other documents may be available from your local Circuit Court Clerk's office or website.
- After you fill out the necessary documents, you need to electronically file (e-file) them with the court. To e-file, you must create an account with an e-filing service provider. For more information, go to ilcourts.info/efiling. If you cannot e-file, you can get an exemption that allows you to file in-person or by mail.
- You may be charged filing fees, but if you cannot pay them, you can file an Application for Waiver of Court Fees.
- It is possible that the court will allow you to attend the first court date in this case in-person or remotely by video or phone. Contact the Circuit Court Clerk's office or visit the Court's website to find out whether this is possible and, if so, how to do this.
- Need help? Call or text Illinois Court Help at 833-411-1121 or go to <u>ilcourthelp.gov</u> for information about going to court, including how to fill out and file documents. You can also get free legal information and legal referrals at <u>illinoislegalaid.org</u>. All documents referred to in this Summons can be found at <u>ilcourts.info/forms</u>. Other documents may be available from your local Circuit Court Clerk's office or website.
- ¿Necesita ayuda? Llame o envíe un mensaje de texto a Illinois Court Help al 833-411-1121, o visite <u>ilcourthelp.gov</u> para obtener información sobre los casos de la corte y cómo completar y presentar formularios.

Plaintiff/Petitioner:

Do not use this form in these types of cases:

- All criminal cases
- Eviction
- Small Claims
- Divorce

- Order of protection
- Paternity
- Stalking no contact orders
- Civil no contact orders
- Adult guardianship
- Detinue
- Foreclosure
- Administrative review cases

For eviction, small claims, divorce, and orders of protection, use the forms available at <u>ilcourts info/forms</u>. If your case is a detinue, visit <u>illinoislegalaid.org</u> for help.

If you are suing more than 1 Defendant/Respondent, attach an Additional Defendant/Respondent Address and Service Information form for each additional Defendant/Respondent.

4b.

the clerk gives you a court date, check box

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Answer/Response.	Courthouse /	Address	City /	State	ZIP
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(if applicable).	Video (onterence log-in in	formation (meeting ID	, password, etc.)	
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number and website.	Call the Circ	uit Clerk at:		or visit th	neir website
All of this information is available from the	00.1.0		cuit Clerk's phone nur		WODGILO
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Case 3:24-cv-01451-SPM Document 1-3 Filed 06/06/24 Page 25 of 28 Page ID #35

Enter the Case Number given by the Circuit Cleric

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.

Forms are free at <u>ilcourts.info/forms</u>.

STATE OF ILLINOIS,		For Court Use Only
CIRCUIT COURT	PROOF OF SERVICE OF	
	SUMMONS AND	
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Instructions		
Enter above the	PAI Pagers	
the case was filed.	tioner (Filist, middle, last name)	
Enter your name as	is the first strate of the first state of the first	
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people you are suing as Defendants/	Par 1	
Respondents.	erch of the Nazirane	2024MR000124
Defendant / R	espondent (First, middle, last name)	
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	Proof of Service form for each Defendant/R	
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This form is approved by the Illinois Sepreme Court and must be accepted in all Illinois Courts.

Forms are free at ilcourts.info/forms.

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Case 3:24-cv-01451-SPM Document 1-3 Filed 06/06/24 Page 28 of 28 Page ID #38 //:.../\.....///\.../ I was not able to serve the Summons and Complaint/Petition on Defendant/Responder First, Middle, Last I made the following attempts to serve the Summons and Complaint/Petition on the Defendant/Respondent: On this date: _____ at this time: ____ a.m. __ p.m. Address: City, State, ZIP: Other information about service attempt: On this date: _____ at this time: _____ a.m. __p.m. Address: City, State, ZIP; Other information about service attempt: On this date: at this time: Address: City, State, ZIP: Other information about service attempt: If you are a special process server, sheriff outside Illinois, or licensed private detective, DO NOT complete this section. The your signature certifies that everything on the Proof of Service of Summons is true and sheriff or private correct to the best of your knowledge. You understand that making a false statement on process server will complete it. this form could be perjury. Service and Return: \$ Under the Code of Civil Procedure, 735 Signature by: Sheriff Miles \$ ILCS 5/1-109, Sheriff outside Illinois: Total making a statement on this form that youknow to be false is County and State perjury, a Class 3 ☐ Special process server Felony. Licensed private detective Print Name If Summons is served by licensed private detective or private detective agency: License Number: